

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

KC-829 35 23

SL-28972

12030

-62-048627

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

FILED DEC 21 1962

PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN ST. LOUISLength of stay in 1b  
8 DAYS2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE MISSOURI b. COUNTY WARRENc. CITY  
OR  
TOWN WARRENTONInside Limits  
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION VET ADM HOSPITALInside Limits  
Yes ☒ No ☐d. STREET ADDRESS (If outside, give location)  
SOUTHSIDE AVEReside on Farm  
Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)First  
AUBREYMid-Initial  
HERMANLast  
NORTRUP4. DATE  
OF  
DEATHMonth  
DECEMBERDay  
12Year  
19625. SEX  
MALE6. COLOR OR RACE  
WHITE7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐8. DATE OF BIRTH  
1-9-19099. AGE (last birthday)  
53IF UNDER 1 YEAR IF UNDER 24 HR  
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done  
during most of working life, even if retired)  
L.P. Gas Serviceman

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)  
WRIGHT CITY, MO.12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

HERMAN NORTRUP

13b. MOTHER'S MAIDEN NAME

EMMA HOSEKAMP

14. NAME OF HUSBAND OR WIFE

EVELYN NORTRUP

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
YES WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

EVELYN NORTRUP See 2c

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:IMMEDIATE CAUSE (a) BRONCHOGENIC CARCINOMA WITH METASTASES TO  
MEDIASTINUM BONE AND BRAININTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

162.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY Hour  
a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. attended the deceased from 12-4-62 to 12-12-62 and last saw him alive on 12-12-62  
Death occurred at 7:10 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

ROLAND B. NORTRUP

M.D.

22b. ADDRESS

VAH, ST. LOUIS, MISSOURI

22c. DATE SIGNED

12-13-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)  
removal23b. DATE  
12-15-6223c. NAME OF CEMETERY OR CREMATORY  
Wright City Cemetery23d. LOCATION (City, town, or county)  
Wright City, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

F. W. Nieburg &amp; Co. Warrenton, Mo.

25. DATE RECD. BY LOCAL REG.

DEC 14 1962

26. REGISTRAR'S SIGNATURE

Roland Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1

21090-268

3

4

0

5

1

6

7

0

8

1

9

10

11

12 83-0

13

83

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address St Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.